| blication or Docket Number   |  |   |  |                 |                               |   |                     |                                   |                     |                        |           |                     |                        |
|--|--|---|--|-----------------|-------------------------------|---|---------------------|-----------------------------------|---------------------|------------------------|-----------|---------------------|------------------------|
| PATENT APPLICATION F. DETERMINATION RECORD  Effective October 1, 2000    |  |   |  |                 |                               |   |                     |                                   |                     |                        |           |                     |                        |
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN                         |  |   |  |                 |                               |   |                     |                                   |                     |                        |           |                     |                        |
| (Column 1) (Column 2)  |  |   |  |                 |                               |   |                     |                                   | SMALL ENTITY TYPE   |                        | OR        | SMALL               |                        |
| TC   | TAL CLAIMS                                     |   |  |                 |                               |   | ſ                   | RATE                              | FEE                 |                        | RATE      | FEE                 |                        |
| FO   | R  | NUMBER FILED                              |  |                 | NUMBER EXTRA                  |   |                     | BASIC FEE                         |                     | OR                     | BASIC FEE | •                   |                        |
| то   | TAL CHARGEA                                    | 2 minus 20=                               |  | . 1             |                               | Ì                                       | X\$ 9=              |                                   | OR                  | X\$18=                 |           |                     |                        |
| IND  | EPENDENT CL                                    | minus 3 =                                 |  | *               |                               |   | X40=                |                                   | OR                  | X80=                   |           |                     |                        |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT   |                 |                               |   |                     | <b> </b>                          | . 105               |                        | li        | .070                |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                 |                               |   |                     |                                   | +135=               |                        | OR<br>OR  | +270=<br>TOTAL      |                        |
| CLAIMS AS AMENDED - PART II  |  |   |  |                 |                               |   |                     |                                   | TOTAL               |                        | UH        | OTHER               | THAN                   |
|  |  | (Column 1)                                |  |                 | (Colu                         |   | (Column 3) SMALL EI |                                   |                     | ENTITY                 | OR        | SMALL E             |                        |
| AMENDMENT A  | and        | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                            | PRESENT<br>EXTRA    |                                   | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus  | ·               | **                            |   | =                   |                                   | X\$ 9=              |                        | OR        | X\$18=              |                        |
|  | Independent                                    | AUTATION OF MI                            | Minus  |                 | ***                           |   | =                   |                                   | X40=                |                        | OR        | X80=                |                        |
| L  | FIRST PRESENTATION OF MULT                     |   |  | TIPLE DEPENDENT |                               | CLAIM                                   |                     | ן ו                               | +135=               |                        | OR        | +270=               |                        |
| ,  |  |   |  |                 |                               |   |                     |                                   | TOTAL<br>ADDIT. FEE |                        | OR        | TOTAL<br>ADDIT. FEE | "                      |
|  |  | ,   |  |                 |                               | 10011.1 221                             |                     |                                   |                     |                        |           |                     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                            | PRESENT<br>EXTRA    | $\left\{ \left[ \right] \right\}$ | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  |                 | **                            | • | = .                 | 1 [                               | X\$ 9=              |                        | OR        | X\$18=              |                        |
|  | Independent                                    |   | <u> </u>   | Minus           |                               |   | =                   | ]                                 | X40=                |                        | OR        | X80=                |                        |
| L  | FIRST PRESE                                    | NTATION OF MI                             | JLTIPLE DEPENDENT  |                 | CLAIM                         |   | ┧┟                  | +135=                             |                     |                        | +270=     |                     |                        |
| TOTAL  |  |   |  |                 |                               |   |                     |                                   |                     |                        | OR        | TOTAL               |                        |
|  |  |   |  |                 |                               |   |                     |                                   | ADDIT. FEE          |                        | OR        | ADDIT. FEE          | L                      |
| _  | I  | (Column 1)<br>CLAIMS                      | iii veeda  | Volumber.       | (Colu                         |   | (Column 3)          | )<br> -                           |                     |                        |           |                     | _                      |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |  | i *1<br>Geril   | NUM<br>PREVI                  |   | PRESENT<br>EXTRA    |                                   | RATE                | ADDI-<br>TIONAL        |           | RATE                | ADDI-<br>TIONAL        |
|  | Total  | *   | Minus  | Q T T PP ALICE  | **                            | 1011                                    | =                   | 1                                 | X\$ 9=              | FEE                    | OB        | X\$18=              | FEE                    |
|  | Independent                                    | •   | Minus  |                 | ***                           |   | =                   | 1 F                               |                     |                        | OR        | X80=                |                        |
| V  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                 |                               |   |                     |                                   | X40=                |                        | OR        |                     |                        |
|  | 16 Ab  | 4 in la 45                                | , and the last time of time o |                 | - "0"                         |   |                     | +135=                             |                     | OR                     | +270=     |                     |                        |
|  | If the "Highest Nu                             | mn 1 is less than t<br>mber Previously P  | aid For"   | IN THI          | S SPACE                       | is less tha                             | an 20, enter "20    | <del>-</del><br>م ".c             | TOTAL<br>ADDIT. FEE |                        | OR        | TOTAL<br>ADDIT. FEE |                        |
|  |  | mber Previously P<br>nber Previously Pa   |  |                 |                               |   |                     |                                   |                     | propriate bo           | x in co   | lumn 1.             |                        |